

State of Idaho
DEPARTMENT OF INSURANCE
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PRODUCER APPOINTMENT--REGISTRATION--TERMINATION FORM

PLEASE NOTE: READ CAREFULLY - THIS IS A MULTI USE FORM.

This form can be copied off our website and saved on your computer. Please print or type in the appropriate fields.

APPOINTING INSURANCE COMPANY – AGENCY REGISTRATION
TYPE NAME AND ADDRESS

NAIC # _____

AGENCY LIC # _____
(For Registration of Producer to agency)

APPOINTMENT: LIST ONLY ONE PRODUCER IF FIRST TIME APPLICANT.

If this is multiple appointment or termination with one or more companies under common ownership or control with the company named above, list all company(s) names and company NAIC numbers(s). on back side of this form.

REASON FOR FORM: APPOINTMENT(S) _____ REGISTRATION(S) _____ TERMINATION(S) _____

REASON FOR TERMINATION:

(SELECT AND INSERT THE APPROPRIATE CODE) (1) COMPANY REQUEST (2) AGENCY REQUEST (3) DECEASED (4) CAUSE
(Attach Explanation)

Producers Name	License #	SOC SEC # (if applicable)	Effective Date	Lines of Authority	Termination Code

This company is appointing for all qualifications for which the appointees are properly licensed in the State of Idaho. I certify that the company is responsible to assure the appointee only sell insurance products for which he/she is properly qualified for in the State of Idaho.

CERTIFIED BY: _____

TYPE OR PRINT NAME OF AUTHORIZED SIGNATORY

TITLE OF AUTHORIZED SIGNATORY

COMPANY CONTACT:

NAME AND COMPANY AFFILIATION

STREET ADDRESS

CITY/STATE/ZIP

TELE #

FAX #

E-MAIL ADDRESS

BUSINESS ENTITY APPOINTMENTS: BUSINESS ENTITY MUST HAVE ONE QUALIFIED PRODUCER.

- Idaho accepts electronic appointments through the NAIC Producer Information Network (PIN). For “PIN” information you may call the NIPR’s product information line at 806/783-8468.
- Appointments & license qualifications may be verified on the Idaho Website at www.doi.state.id.us within 30 days of receipt.
- Registrations: list first time registered producer on application form. Use this form for additional registered producers.

PRODUCER APPOINTMENT –REGISTRATION—TERMINATION FORM

BACK SIDE

LIST MULTIPLE APPOINTMENTS OR TERMINATIONS WITH ONE OR MORE COMPANIES UNDER COMMON OWNERSHIP OR CONTROL WITH THE COMPANY NAME, LIST ALL COMPANY(S) NAMES AND COMPANY NAIC NUMBER(S).

MULTI-USE FORM

Reason for Termination:

(SELECT AND INSERT THE APPROPRIATE CODE)

(1) COMPANY REQUEST

(2) AGENCY REQUEST

(3) DECEASED

(4) FOR CAUSE
(Attach Explanation)

COMPANY NAME	FEIN #	NAIC #	EFFECTIVE DATE	TERMINATION CODE

If an individual or business entity is ineligible, the insurer will be notified within 5 days of the date of determination.

CHECK OUT IDAHO'S WEBSITE FOR ADDITIONAL INFORMATION AND FORMS AT:

www.doi.state.id.us